

ADMINISTRATIVE	AGENCY NAME Hamilton Ohio Police Department				*INCIDENT NUMBER 19-196164																										
	CALL NUMBER 19-197855		*GEOCODE 28		*CLEARANCES																										
	TOD 12:56:43 AM		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)		A <input type="checkbox"/> Death of Suspect G <input type="checkbox"/> Arrest - Juvenile																										
	TOA 1:00:34 AM		<input checked="" type="checkbox"/> OFFENSE		B <input type="checkbox"/> Prosecution Declined H <input type="checkbox"/> Warrant Issued																										
TOC				C <input type="checkbox"/> Extradition Denied I <input type="checkbox"/> Invest. Pending																											
				D <input type="checkbox"/> Victim Refused to Coop. J <input type="checkbox"/> Closed																											
				E <input type="checkbox"/> Juvenile/No Custody K <input type="checkbox"/> Unfounded																											
				F <input type="checkbox"/> Arrest - Adult U <input type="checkbox"/> Unknown																											
OHIO UNIFORM INCIDENT REPORT PART 1																															
*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*CLEARANCE DATE:				CLEARED BY:																			
MONTH		DAY		YEAR		TIME		MONTH		DAY		YEAR		TIME		MONTH		DAY		YEAR		TIME									
10		11		2019		12:53:00		10		11		2019		12:20:00		10		11		2019		12:50:00									
INCIDENT LOCATION (Street, Apt., City, State, Zip) 717 BUCKEYE ST HAMILTON OH 45011																															
*OFFENSE				*OFFENSE CODE		*A/C		F/M & DEGREE		*HATE/BIAS		*LARCENY		*TYPE CRIMINAL ACTIVITY																	
1. ASSAULT				1. 2903.13		C				N				1. 2. 3. (Enter up to three for each offense)																	
2. FELONIOUS ASSAULT				2. 2903.11		C				N				B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROMOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY N- NO GANG ACTIVITY																	
3.				3.										1. 2. 3.																	
4.				4.										1. 2. 3.																	
5.				5.										1. 2. 3.																	
*LOCATION OF OFFENSE (Enter up to two)																															
1. 47				2. 12 Jail/Prison				RETAIL				41 Factory/Mill/Plant																			
				13 Parking Garage				26 Bar				42 Other Building																			
RESIDENTIAL STRUCTURE				14 Other Public Access Buildings				27 Buy/Sell/Trade Shop				OUTSIDE																			
01 Single Family Home				COMMERCIAL LOCATIONS				28 Restaurant				43 Yard																			
02 Multiple Dwelling				15 Auto Shop				29 Gas Station				44 Constuction Site																			
03 Residential Facility				16 Financial Institution				30 Auto Sales Lot				45 Lake/Waterway																			
04 Other Residential				17 Barber/Beauty Shop				31 Jewelry Store				46 Field/Woods																			
05 Garage/Shed				18 Hotel/Motel				32 Clothing Store				47 Street																			
PUBLIC ACCESS BLDGS.				19 Dry Cleaners/Laundry				33 Drugstore				48 Parking Lot																			
06 Transit Facility				20 Professional Office				34 Liquor Store				49 Park/Playground																			
07 Government Office				21 Doctor's Office				35 Shopping Mall				50 Cemetery																			
08 School				22 Other Business Office				36 Sporting Goods				51 Public Transit Vehicle																			
09 College				23 Amusement Center				37 Grocery/Supermarket				52 Other Outside Location																			
10 Church				24 Rental Storage Facility				38 Variety/Convenience																							
11 Hospital				25 Other Commercial Service Loc.				39 Department Store				77 Other																			
								40 Other Retail Store																							
*SUSPECTED OF USING																															
A <input type="checkbox"/> ALCOHOL																															
D <input type="checkbox"/> DRUGS																															
C <input type="checkbox"/> COMPUTER EQUIPMENT																															
*TYPE WEAPON/FORCE USED																															
1. 40 2. 3.																															
*METHOD OF ENTRY				*METHOD OF ENTRY - MOTOR VEHICLE THEFT								*METHOD OF ENTRY - BURGLARY/B&E																			
1 <input type="checkbox"/> FORCE				01 <input type="checkbox"/> Motor Running/Keys in Car				06 <input type="checkbox"/> Hot Wire				ENTRY				ENTRY				ENTRY				EXIT				EXIT			
2 <input checked="" type="checkbox"/> NO FORCE				02 <input type="checkbox"/> Unlocked				07 <input type="checkbox"/> Slim Jim/Coat Hanger				1 <input type="checkbox"/> BASEMENT				2 <input type="checkbox"/> WINDOW				1 <input type="checkbox"/> DOOR				1 <input type="checkbox"/> FRONT							
NO PREMISES ENTERED				03 <input type="checkbox"/> Duplicate Key Used				08 <input type="checkbox"/> Tumblers Removed				2 <input type="checkbox"/> 1ST FLOOR				3 <input type="checkbox"/> GARAGE				2 <input type="checkbox"/> WINDOW				2 <input type="checkbox"/> SIDE							
				04 <input type="checkbox"/> Window Broken				09 <input type="checkbox"/> Column Peeled				3 <input type="checkbox"/> 2ND FLOOR				4 <input type="checkbox"/> SKYLIGHT				3 <input type="checkbox"/> GARAGE				3 <input type="checkbox"/> REAR							
				05 <input type="checkbox"/> Towed				10 <input type="checkbox"/> Ignition Peeled				4 <input type="checkbox"/> OTHER				5 <input type="checkbox"/> OTHER				4 <input type="checkbox"/> SKYLIGHT				4 <input type="checkbox"/> ROOF							
METHODS OF OPERATION																															
*NO. 1		*TOTAL 5 VICTIMS		*VICTIM TYPE		I <input checked="" type="checkbox"/> INDIVIDUAL		F <input type="checkbox"/> FINANCIAL INSTITUTION		P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)		S <input type="checkbox"/> SOCIETY		O <input type="checkbox"/> OTHER																	
						B <input type="checkbox"/> BUSINESS		G <input type="checkbox"/> GOVERNMENT		R <input type="checkbox"/> RELIGIOUS ORGANIZATION		U <input type="checkbox"/> UNKNOWN																			
NAME (Last, First, Middle) SMITH DAVID LOWELL																															
ADDRESS (Street, Apt., City, State, Zip) 717 BUCKEYE ST HAMILTON OH 45011																															
PHONE 000-000-0000																															
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE																															
*AGE/DOB 4/3/2000		19		*SEX M		*RACE W		B <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>		ETHNICITY		HGT 600		WGT 180		HAIR BRO		EYES BRO													
OCCUPATION				SSN *****				RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER				STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN																			
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				IF INJURED, DESCRIBE INJURIES: None																											
*AGG. ASSAULT/HOMICIDE CIRC.				*VICTIM/SUSPECT RELATIONSHIP 0. 1. ST 2. VO 3. OK 4. 5.								*VICTIM/OFFENSE LINK 2903.13																			
My signature verifies that the information on this report is accurate and true																															
DATE																															
REPORTING OFFICER JOHNSON KATHERINE R #135												BADGE NO. H1141				DATE 10/11/2019															
APPROVING OFFICER GLEASON BRIAN D #281												BADGE NO. H1108				DATE 10/11/2019															
FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				If yes, follow-up Assignment: PH1119																											
ADDITIONAL SUPPLEMENTS				<input type="checkbox"/> VICTIM/WITNESS				<input type="checkbox"/> PROPERTY				<input type="checkbox"/> STATEMENTS				FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE				SPECIAL COPIES											
				<input type="checkbox"/> SUSPECT/ARRESTEE				<input type="checkbox"/> NARRATIVE				<input type="checkbox"/> OTHER				<input checked="" type="checkbox"/> INVESTIGATION				<input type="checkbox"/> RECORDS											

OHIO UNIFORM INCIDENT REPORT PART 2

INCIDENT NUMBER 19-196164		INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM						
REPORTEE	NO. 1	NAME (Last, First, Middle) Same as Victim						
	ADDRESS (Street, Apt., City, State, Zip)		AGE/ D.O.B.					
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		SSN					
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER		PHONE					
VEHICLE	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED							
	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC LIS LIY LIT VIN/OAN					
	VYR	VMA	VMO VST VCO TOP BOTTOM					
	VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N TOWED BY					
	VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL					
	STOLEN MOTOR VEHICLE ONLY		ADDITIONAL DESCRIPTION					
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)		PHONE					
	MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.					
	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?							
	PROPERTY	TYPE PROPERTY 1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ETC. 7 RECOVERED P PHOTO TOTAL VALUE \$0.00						
LOSS/ETC. (enter codes below) 2 BURNED 4 DESTROYED/DAMAGED/VANDALIZED 6 SEIZED U UNKNOWN E EVIDENCE								
*LOSS CODE		QUANTITY	DESCRIPTION					
VICT. NO.		VEH. NO.	MAKE/BRAND					
RELATED OFFENSE		MODEL						
SERIAL NUMBER		NCIC NUMBER						
OTHER NUMBER		DATE RECOVERED						
*LOSS CODE		QUANTITY	DESCRIPTION					
VICT. NO.		VEH. NO.	MAKE/BRAND					
RELATED OFFENSE		MODEL						
SERIAL NUMBER		NCIC NUMBER						
OTHER NUMBER		DATE RECOVERED						
*LOSS CODE		QUANTITY	DESCRIPTION					
VICT. NO.		VEH. NO.	MAKE/BRAND					
RELATED OFFENSE		MODEL						
SERIAL NUMBER		NCIC NUMBER						
OTHER NUMBER		DATE RECOVERED						
PROPERTY CODES:								
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents </td> <td style="vertical-align: top;"> VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items </td> <td style="vertical-align: top;"> EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const. </td> <td style="vertical-align: top;"> 26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets </td> <td style="vertical-align: top;"> VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons </td> <td style="vertical-align: top;"> STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory </td> </tr> </table>			EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents	VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items	EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const.	26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets	VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons	STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory
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NARRATIVE	STATEMENT OF FACTS							
	On the above date during the above listed times the victims state that they were assaulted by the suspects.							

OHIO VICTIM/WITNESS

INCIDENT NUMBER 19-196164		INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM	
*NO. 2	*TOTAL 5 VICTIMS	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
NAME (Last, First, Middle) Snyder Jason		ADDRESS (Street, Apt., City, State, Zip) 843 Dayton St Hamilton OH 45011-	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE 000-000-0000	
*AGE/ D.O.B. 1/27/1978 41	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY
OCCUPATION		HGT 601	WGT 240
SSN *****		HAIR BRO	EYES GRN
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES: None cut to the face *AGG ASSAULT/ HOMICIDE CIRC. 0. ____ 1. SB 2. OK 3. VO 4. ____ 5. ____	
*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK 2903.11	
My signature verifies that the information on this report is accurate and true			
DATE			
*NO. 3	*TOTAL 5 VICTIMS	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
NAME (Last, First, Middle) Snyder Justin		ADDRESS (Street, Apt., City, State, Zip) 308 N. 7th Hamilton OH 45011-	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE 803-847-0641	
*AGE/ D.O.B. 9/6/1979 40	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY
OCCUPATION		HGT 511	WGT 200
SSN *****		HAIR BRO	EYES U
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES: Apparent Minor Injury cut to hand *AGG ASSAULT/ HOMICIDE CIRC. 0. ____ 1. ST 2. VO 3. SB 4. ____ 5. ____	
*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK 2903.13	
My signature verifies that the information on this report is accurate and true			
DATE			
NO. 1	NAME (Last, First, Middle) SPOONSTER TIM		*AGE/ D.O.B. 1/23/1955 64
ADDRESS (Street, Apt., City, State, Zip) 819 Dayton St Hamilton OH 45011-		SSN *****	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE 937-609-0890	
STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO. 2	NAME (Last, First, Middle) MOON SEAN		*AGE/ D.O.B. 4/6/2000 19
ADDRESS (Street, Apt., City, State, Zip) 19 N 6TH ST HAMILTON OH 45011-		SSN *****	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE 937-825-4187	
STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
REPORTING OFFICER JOHNSON KATHERINE R #135		BADGE NO. H1141	DATE 10/11/2019
APPROVING OFFICER GLEASON BRIAN D #281		BADGE NO. H1108	DATE 10/11/2019

OHIO VICTIM/WITNESS

INCIDENT NUMBER 19-196164		INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM	
*NO. 4	*TOTAL 5 VICTIMS	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
NAME (Last, First, Middle) SPOONSTER TIM			
ADDRESS (Street, Apt., City, State, Zip) 819 Dayton St Hamilton OH 45011-			PHONE 937-609-0890
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
*AGE/ D.O.B. 1/23/1955 64	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY
HGT 508		WGT 180	HAIR U
EYES U		OCCUPATION	
SSN *****		*RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN	
*VICTIM <input checked="" type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: Apparent Minor Injury cut to nose INJURED? <input type="checkbox"/> N			
*AGG ASSAULT/ HOMICIDE CIRC.		*VICTIM/SUSPECT RELATIONSHIP 0. ____ 1. UU 2. OK 3. OK 4. ____ 5. ____	
		*VICTIM/OFFENSE LINK 2903.13	
My signature verifies that the information on this report is accurate and true			
DATE			
*NO. 5	*TOTAL 5 VICTIMS	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
NAME (Last, First, Middle) SNYDER JEFFREY			
ADDRESS (Street, Apt., City, State, Zip) 5280 W DALTON Drive FAIRFIELD OH 45014			PHONE 330-581-3392
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
*AGE/ D.O.B. 5/23/1952 67	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY
HGT		WGT	HAIR
EYES		OCCUPATION	
SSN		*RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN	
*VICTIM <input type="checkbox"/> Y IF INJURED, DESCRIBE INJURIES: None INJURED? <input type="checkbox"/> N			
*AGG ASSAULT/ HOMICIDE CIRC.		*VICTIM/SUSPECT RELATIONSHIP 0. ____ 1. OK 2. PA 3. PA 4. ____ 5. ____	
		*VICTIM/OFFENSE LINK 2903.11	
My signature verifies that the information on this report is accurate and true			
DATE			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)		*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		SSN	
PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
REPORTING OFFICER JOHNSON KATHERINE R #135		BADGE NO. H1141	DATE 10/11/2019
APPROVING OFFICER GLEASON BRIAN D #281		BADGE NO. H1108	DATE 10/11/2019

OHIO NARRATIVE

INCIDENT NUMBER 19-196164

INCIDENT DATE AND TIME

10

11

2019

12:20:00 AM

SUPPLEMENT REPORT

Victim #1 stated that he was sitting in his car when suspect #1 came over to his car, with 3 other men, and began pounding on it. He states that he got out of his car, and suspect #1 got in his face, and grabbed him by the shirt and pushed him, and that is what started the fight, he had no injuries. Victim #2 was unable to state what happened, he had a cut to his face, and arms, when officers arrived on scene he was laying on the ground, he also had a strong odor of alcohol about his person. Victim #2 was transported to Fort Hamilton Hospital by Medic 25. Victim #3 states a hispanic male, then later stated that a black male not on scene attacked him with a knife, cutting his hand, but also states that the male had a gun that he pointed at himself and his family, he had an odor of marijuana about his person, he refused medical treatment and said he would take himself to get it treated. Victim #4/Witness #1 states that the black male that wasn't on scene, never showed a gun, but did have his hand in his pocket the entire time, and he watched him because of this. He also states that victim #1 pushed victim #2 and that is what started the entire physical fight. Witness #2 states the same story as victim #1. Victim #4 had a cut to his nose, but refused medical treatment.

Victim #3 states that he has been having problems with people throwing things through his windows. Tonight he saw a male in a grey sweat shirt, walking a black dog through his yard, and that was why he went over to confront victim #1.

Pictures of Victim 3 and 4 are in PO Kinser 163's evidence folder.

Lt. Pratt attempted to respond to Ft. Hamilton ER to speak with Victim 2 and take photographs but he had already been discharged from the hospital. Lt. Pratt then responded to Victim 2's home and attempted to make contact. There was no answer.

Victim 1 did not have a good contact number.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	JOHNSON KATHERINE R #135			BADGE NO. H1141	DATE 10/11/2019
APPROVING OFFICER	GLEASON BRIAN D #281			BADGE NO. H1108	DATE 10/11/2019

11/20/2019

OHIO NARRATIVE

INCIDENT NUMBER 19-196164

INCIDENT DATE AND TIME

10

11

2019

12:20:00 AM

SUPPLEMENT REPORT

Jason Snyder did participate in a verbal altercation with multiple parties in the street in the 700-blk of Buckeye St. Jason Snyder was initially listed only as Victim #2, but due to the cross complaint he is also being listed as a suspect in this incident.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	JOHNSON KATHERINE R #135			BADGE NO. H1141	DATE 10/11/2019
APPROVING OFFICER	GLEASON BRIAN D #281			BADGE NO. H1108	DATE 10/11/2019

OHIO NARRATIVE

INCIDENT NUMBER 19-196164 INCIDENT DATE AND TIME 10 11 2019 12:20:00 AM

SUPPLEMENT REPORT

Det. Barker spoke with Jeffrey Snyder (DOB:5/23/52) this morning regarding the events he allegedly witnessed taking place in the 700-blk of Buckeye St. on the morning of 10/11/19.

Det. Barker initially received a voicemail from Jeffrey on 10/11/19 at 1204 indicating that he was witness to the events that occurred regarding his son, Jason Snyder being struck, as well as his other son, Justin Snyder having been cut. The voicemail is approximately 50 seconds long, but the part in which Jeffrey is speaking is only around 30 seconds. During this voicemail, Jeffrey did not indicate that he had been assaulted as well.

When Det. Barker spoke with Jason Snyder on 10/14/19 at approximately 1049 was the first time that anyone had indicated to Det. Barker that Jeffrey had also been assaulted on the morning this incident occurred.

Det. Barker called and spoke with Jeffrey at approximately 1101. The phone call was recorded in its entirety via the ShoreTel phone system. Det. Barker was on the phone with Jeffrey for approximately 12 minutes, during which time Jeffrey never mentioned having been assaulted. Det. Barker asked Jeffrey at that point if he was a part of the altercation or if he was just a witness to it, at which point Jeffrey then advised that he was "sucker punched by a black kid". Once that statement was made Det. Barker obtained all of Jeffrey's identifying information so that he could be added to the report as a victim of this incident.

Name: Jeffrey Snyder

DOB: 5/23/52

Address: 5280 W. Dalton Dr. Fairfield, OH 45014

PX: 330-581-3392

During the conversation, Jeffrey indicated that he would be able to identify subjects that attacked both Jason and Justin were he presented with a lineup.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	JOHNSON KATHERINE R #135			BADGE NO. H1141	DATE 10/11/2019
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